

**GED CONTINUING EDUCATION  
SCHOLARSHIP APPLICATION  
Due: Thursday, May 27th**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Date of GED: \_\_\_\_\_

College, University or Adult Vocational Program attending: \_\_\_\_\_

Field of Study: \_\_\_\_\_

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1. What are your immediate and long term goals?

Immediate:

Long term:

2. How will you use the scholarship award?

3. On the back of this application, please write a statement of not more than 300 words stating:

- 1) What are your education goals?
- 2) Work experience.
- 3) Activities.
- 4) Why you would be a good recipient of this award.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return To:  
Doris Schoning  
ABLE/PCLC Director  
7075 St. Rt. 88  
Ravenna, OH 44266